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Khiem M. Nguyen

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JAN 1 3 2006 PTC/SB/S0 (08-03)
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U.S. Petient and Tredemark Office; U.S. DEPARTMENT OF COMMERCE ction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Under the Peperwork Reds Request 10/749,753 Application Number For December 30, 2003 Filing Date Continued Examination (RCE) Transmittal First Named Inventor Yun Ling Address to: 2839 Art Unit Mail Stop RCE Commissioner for Patents

Examiner Name

Attorney Docket Number

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

the service of the se				
1.	Submission required under 37 CFR 1.114) Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).			
	a. Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.			
	Consider the arguments in the Appeal Brief or Rely Brief previously filed on			
	ii. Other Please enter the amendment previously filed on December 22, 2005.			
	b. Enclosed			
	I. Amendment/Reply iii. Information Disclosure Statement (IDS)			
	ii, Affidavit(s)/ Declaration(s) v. Other			
2.	Miscellaneous			
	Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a			
	a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(I) required) b Other			
3.	The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.			
	a. Proceed to charge the following fees, or credit any overpayments, to Deposit Account No. 02-2668			
	i. RCE fee required under 37 CFR 1.17(e)			
	II. Extension of time fee (37 CFR 1.136 and 1.17)			
	Other any additional fees that may be required			
	b. Check in the amount of \$enclosed			
	c. Payment by credit card (Form PTO-2038 enclosed)			
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				

Name (Print/Type)	Michael J. Mallie	Registration No. (Attorney/Agent) 36,591
Signature	2-	Date January 13, 2006
	CERTIFICATE C	OF MAILING OR TRANSMISSION
I hereby certify that t eddressed to: Mail S Office on the date sh	top RCE, Commissioner for Patenta, P. O. Box 145	tied States Postal Service with sufficient postage as first class mail in an envelope ii0, Alexandria, VA 22313-1450 or faccimile transmitted to the U.S. Patent and Trademark
Name (Print/Type)	Anne Collette	
Signature	110000 1 11064	Data January 13, 2006

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be earn to the Christ Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Ascending, Via 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless a displays a valid CMB control number. Substitute for Form PTO-875 Application or Docal at Human Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR FOR SMALL ENTITY HUMBER FILED BASIC FEE NUMBER EXTRA (37 CFR 1 18(4) (b) & (c)) RATE (\$ FEE (1) RATE (\$) SEARCH FEE N/A NA FEE (\$) 137 CFR 1 16(W. 11. or (m)) 150.00 NA N/A 300.00 EXAMINATION FEE N/A NA \$250 (37 CFR 1 16(a). (p). or (q)) N/A NA \$500 TOTAL CLAIMS N/A NA \$100 (37.CFR 1 16(1)) NA \$200 INDEPENDENT CLAIMS minus 20 . X\$ 25 (37 CFR 1 16(N)) X\$50 ÓR minus 3 X100 if the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(ji) +180= If the difference in column 1 is less than zero, enter "0" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OTHER THAN OR HIGHEST REMAINING SMALL ENTITY 06 NUMBER ENT 13 PRESENT AFTER RATE (\$) PREVIOUSLY AMENDMENT ADDI-EXTRA Total RATE (\$) PAID FOR TIONAL ADOI. Minus FEE (\$) TIONAL 0 FEE (1) Independent D7 CFR 1.10(h) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@) +180= +360= OR TOTAL TOTAL ADD'L FEE (Column 1) OR ADO'L FEE (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT FINE AFTER. AMENDMENT RATE (1) PREVIOUSLY ADDI-EXTRA RATE (\$) PAID FOR Total COTOFR.LIBOUT TIONAL ADOI-Minus TIONAL FEE (\$) FEE (\$) Independent (37CFR 1.180h)) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(6)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16@) +180= +360= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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The Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

Is collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the Public Previously Paid For").

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